

Case Number:	CM14-0159400		
Date Assigned:	10/06/2014	Date of Injury:	02/26/2009
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 63 y/o female who had developed persistent cervical and bilateral knee pain subsequent to a slip and fall on 2/26/09. On MRI scanning she has diffuse moderate spondylosis of the cervical spine and a C5-6 radiculopathy has been diagnosed. Surgery has been recommended which she has declined. Her knees have been diagnosed with degenerative joint disease and a patella-femoral chondromalacia. Injections have been trialed with short-term improvement. Arthroscopy is planned in the future. She has been taking oral NSAID's which was recently changed from Celebrex to Ibuprofen. She has also been prescribed Flector Patches. In the records reviewed there is no specific benefits documented from the Flector Patches.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flector patches 1.3% (quantity not given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.flectorpatch.com/>

Decision rationale: MTUS Guidelines support topical NSAID for up to 4-12 weeks and use with oral NSAIDs is generally discouraged. In addition, the manufacturer recommends the Flector patch for acute strains and sprains only. There are no unusual circumstances or documented benefits that would justify an exception to Guideline recommendations. The Flector patches 1.3% are not medically necessary.